

TUBERCULOSIS WORK OF THE INSTRUCTIVE VISIT- ING NURSE ASSOCIATION OF BALTIMORE

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TUBERCULOSIS NURSE

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EVER since the Instructive Visiting Nurse Association was organized in 1896, the nurses of the association have had constantly under their charge a certain number of patients suffering with pulmonary tuberculosis. No special effort was made to secure these patients, but, on the other hand, they were taken care of as a matter of course, as were typhoid, pneumonia, and other medical cases, and the nurse of each district always had on her visiting-list a constant but variable number of consumptives, usually in the later stages. After the Tuberculosis Expositions held in Baltimore in January, 1904, and the subsequent arousing of public sentiment on the subject of the relief and suppression of the disease, a sum of money was collected through the efforts of Mrs. William Osler for the maintenance of a nurse whose sole work should be devoted to patients of this class, and at Mrs. Osler's request this special nurse was placed under the direction of the association. In March, 1904, the tuberculosis nurse assumed her duties, and the consumptive patients of the various districts, hitherto under the care of half a dozen different nurses were then placed in the care of one. By this means the regular district nurses were left free for more acute and urgent cases, and the tuberculosis patients were taken in hand by a specialist, whose entire time was devoted to the relief of this particular disease. The first tuberculosis nurse was Miss Nora Halman, who did the work for three months, and was succeeded at the end of that time by Miss Woodward, who did it for six months.

Tuberculosis nursing, or, more properly, tuberculosis work, differs from ordinary district nursing in a great many particulars. In the first place, there is very little real nursing care that may be given to the patients. Consumption is a chronic rather than an acute disease, and until the last very few patients are confined to bed. Some of them go to bed only a week or so before the end, and many do not even do that, but continue up and dressed until the very day of their death. Of the two hundred or more patients at present on the list of the tuberculosis nurse only about a dozen are confined to bed. Even then there is very little to do for them, as, unlike other cases, there is no special treatment to be given, no irrigations, spongings, dressings, and

the like, as in cases of acute fevers or surgical disorders. A bed bath, an alcohol rub, and attention to bedsores are about all that the nurse can do for the patient, and all of these are simple measures which she may readily teach some member of the family to perform with perfect efficiency. The greater part of the work, therefore, is instructive and preventive, and means carrying the campaign of education and enlightenment directly into those households in which the disease originates and from which it is disseminated. The chief force and significance of it lies in the personal instruction, adapted to the individual needs and requirements not only of those persons who have tuberculosis and are spreading it, but of those who are exposed to the disease and are in danger of contracting it.

Tuberculosis is a disease that is bred and spread in unsanitary, overcrowded, and poverty-stricken households, members of which, in the capacity of domestic servants, laundresses, dressmakers, teachers, and the like pass on the infection in ever-widening circles. The visits of the nurse to these households means bringing the knowledge of sanitary living and preventive care directly into the homes of the people most in need of such knowledge. The individual is reached as he can be reached in no other way, for there is no other form of education that can bring forth such results as the personal education of each individual and household.

The work of the nurse consists in regulating the plan of life of each patient under her charge, and of supplying him when necessary with the means of following out these instructions. The different headings under which instruction is given are as follows:

I. AIR.—The necessity of fresh air is to most consumptives a novelty. The first visit to a patient generally finds him lying in the dark "middle room" or a suffocating corner of the kitchen, that he may protect himself from draughts and the danger of taking "cold," and in almost all cases the prejudice against night-air has to be overcome. As a result of the instruction about fresh air and ventilation a great deal is accomplished, and in a few instances patients have been induced to sleep out-of-doors. The nurse likewise inspects the premises with a view to finding a porch or place in the yard for a hammock or rocking-chair where the patient may spend comfortably many hours a day in the open air, for that he shall be comfortable out-of-doors is the main point, since the moment he finds himself in the opposite state he returns to his seat in the kitchen. Occasionally a case is found in which the patient obeys too literally the advice of being out-of-doors as much as possible, one instance being that of a man who was told to go to

the Park every day. This he did, remaining there from seven A.M. to seven P.M. without a mouthful of food, in addition to which the fatigue caused by sitting all day long on the hard benches produced such a state of exhaustion that it more than counteracted the benefit of the fresh air. The nurse's suggestion of a steamer chair in the patient's large back yard, by which he might get air, rest and food at the same time, has since been utilized with good results.

II. **FOOD.**—The attention of all patients is directed to the necessity of taking (in addition to their regular meals) large extra amounts of highly nourishing food, such as milk and eggs. A few patients can buy these for themselves, but the majority of them cannot, and through the generosity of one of the charity agencies in Baltimore such patients are provided with milk and eggs in unlimited quantities and entirely at the discretion of the tuberculosis nurse. Coöperation with this agency has a value whose significance it is hard to determine, so great is it. Not only does this distribution of milk and eggs produce the greatest improvement in the health of the patient himself, but it renders it possible for the nurse to bring about changes in his mode of life which she could not otherwise accomplish. As has been said before, in tuberculosis work there is so little actual nursing to be done, so few little personal services to be rendered the patient in exchange for which he will consent to follow out the nurse's advice, that were it not for this gift of milk and eggs fully one-half of the nurse's instructions would pass unheeded. Consumption nearly always means poverty, and a savage half-starved man will not listen to directions about the proper disposal of sputum, etc., much less obey them, especially since their fulfilment not only does not benefit him personally, but tends, moreover, to deprive him of his personal liberty. But when he finds that something is offered which will actually be of benefit to himself, even the most obstinate will come to terms, and a bargain may be made with him, his side of which is carried out more carefully as his health improves. A patient soon learns to depend enormously on this daily supply of milk and eggs, and the slightest hint that they will be withdrawn if he is not able or willing to fulfil his share of the comp.ct, is often sufficient to obtain excellent results. One man, the father of six small children, obstinately and maliciously refused to use a sputum cup, and persistently expectorated on the floor. Neither reasoning nor persuasion could accomplish any change, but threatening to stop the daily supply produced instant results. It is unfortunately true that there are numbers of patients who can only be reached by this means.

III. **PROPHYLAXIS.**—Under this head comes the most important

and difficult part of the work, and it includes all those measures which make for the protection of the family and community. The proper fulfilment of these conditions depends upon the coöperation of the patient himself, the person least benefited and most hampered by their requirements, and it is upon his desire or ability to carry them out that the safety of the family depends. The patient may be made to sleep in a room by himself, or, at least, to have a bed to himself (cots are supplied when necessary by the association), and as far as possible carpets and other dust-collectors are removed; the family is given instructions about isolating the dishes, disinfecting the bed-linen and personal clothing, etc., measures which are carried out with a fair degree of accuracy; but the real trouble lies in the proper care and disposal of the sputum. This is a matter that lies entirely with the patient himself. A few, possibly a quarter, of the total number are of a better class socially and morally, and by the conscientious and careful use of sputum-cups and paper napkins honestly do their best to protect their families. A very small number belong at the opposite end of the scale. They are extremely ignorant (negroes chiefly) and follow with blind faith all instructions given them, aided by the superstitious belief that the burning of the sputum in some unknown way rids them of their disease. Between these two extremes lies the great mass of disease-spreaders, the education of whom lies entirely in the hands of the nurse. The majority of them are anxious to do what they are told, but though eager to follow they are incompetent to fulfil. This failure is chiefly through ignorance, and it is only through the constant visits of the nurse, who by repeating the same things at each visit thus recalls what has been forgotten, that these patients may be educated to a point where they are no longer centres of danger to the community. The instructions of one visit are inadequate. The rudiments of the requisite prophylaxis can barely be acquired in that time, and in many instances after a dozen visits the nurse is not sure that her instructions are comprehended, much less obeyed. As an example of the small value of a single visit alone, a physician reported a case to the nurse, saying that he had furnished the patient with the necessary supplies (sputum-cups, paper napkins, etc.) and had also given her ample instructions as to their use. When the nurse called a few days later no sign of the supplies was visible, and on inquiry it was discovered that they were still in the bundle in which the doctor had brought them, the only difference being that the patient had torn a small hole in the wrapping-paper in order to satisfy a little natural curiosity as to what the package contained. The importance of incessant care has to be impressed at

each visit, and even then there are many ways by which such care is ingeniously evaded and which are impossible to foresee. A patient who uses his sputum-cup fairly carefully in one part of the house forgets to carry it into another, and there uses a spittoon. One man with whom the nurse was talking stood on the doorsteps with his cup in his hand and suddenly spat in the street, giving as explanation that he often did that in order to save his cup. Another patient, a woman, who after several visits had reached (as was supposed) a fairly satisfactory degree of training, proudly told the nurse one day that she had made a great discovery—i.e., that the pasteboard fillers burned far more easily when empty, consequently she always poured the contents of her cup into the gutter and then burned the empty box. These faults of ignorance are, of course, easy to correct, but a more difficult problem presents itself in dealing with those patients who do not wish to bother themselves with the use of cups, yet here too, after a time, fairly good results are often obtained. One man was extremely acquiescent, but disobedient about using his cup, yet each time promised faithfully to do better. One day he was sitting on the doorstep, and as the nurse came down the alley she heard a loud whisper, "Give it to me quick—here she comes!" and the cup was hastily handed out to him through the open door. This was at least a recognition of what was expected of him, and in time this patient became used to his cup, found it a convenience, and is now a neat, well-trained consumptive. There are, of course, a certain number of incorrigible cases,—wilfully and hopelessly disobedient,—and in those cases little can be done. Still, the mere fact that a nurse comes to see them, is interested in them, and expects and hopes for certain things from them is an educational factor of no mean value. It is a noticeable fact that the families of these wilfully careless patients arrive at a far livelier sense of the importance of protective measures than do those of patients who are more considerate and careful.

IV. FUMIGATION.—To report to the City Health Department such houses as require fumigation after having been vacated by a consumptive occupant is one of the most important duties of the tuberculosis nurse. Under the laws of Maryland ample provision is made for this disinfection, which is done by the Health Department upon the request of the "householder, physician, or other person having knowledge of the facts," and by the complete and extensive fumigation of these infected houses the city is definitely rid of just so many centres of infection. The fumigation required in these cases is nearly always extensive, involving the entire house, as consumption is a house disease, not a room disease, like diphtheria and scarlet fever, consequently the

disinfection to be adequate must include the whole house, in which the patient has been living and coughing for anywhere from three months to as many years.

Out of the number of houses reported for fumigation almost one-half were reported in cases where the patients had moved to other quarters; in these cases the nurse was the only person "having knowledge of the facts," consequently the only person able to notify the health authorities of these conditions. The physician is able to play but a small part in reporting these houses for this reason—he is not a constant factor in the household of a consumptive patient. Also among patients of this social class the "family physician" is almost unknown, it is the physician of the neighborhood who is called in and is "paid off" at the end of each visit and who, consequently, is not in a position to keep up with the movements of the tuberculous patient. In many instances, after the diagnosis has once been made the doctor is not called in again until he is needed to sign the death certificate, which may be anywhere from a few weeks to a year or two later. The nurse thus, as said before, is in *nearly one-half* of the instances the only person able to report a vacated house to the health officers, and the only "person having knowledge of the facts" who is able to prevent a family of healthy people from moving into apartments that are infected in every room with the tuberculosis organism.

The calls to cases of tuberculosis are not limited to one hospital or dispensary, but come from all sources—physicians, dispensaries, hospitals, charitable organizations, and private individuals. Each of these cases as it is turned over to the nurse is registered by her with the State Board of Health, which in return provides the association with all the sputum-cups, paper napkins, fillers, etc., needed for distribution among these patients. The new calls average fifty a month, and a visiting-list of about one hundred and seventy is maintained. With so great a number of patients to attend to, it is, of course, impossible for the nurse to visit any individual more often than on an average once in ten days or two weeks.

In the case of very ill patients, however, more frequent visits to them are managed by lengthening the intervals between calls to those patients who seem better able to take care of themselves. By thus dividing the patients according to their conditions into groups and visiting the patients in one group at greater intervals, and those in another group at shorter intervals, the work can be satisfactorily arranged.

As regards the benefit derived by the patient himself, for the individual little can be done. Patients of this class who have got tuber-

culosis cannot afford to get well or cannot afford to stay so. A certain number of economic cures may be reported, however, that is, cases in which sufficient improvement has been made for the patient to be able to return to some form of employment, but for the most part the individual is doomed. The benefits of this work are not for him, but for the community.

SUMMARY OF WORK.

PATIENT.

1. **INSTRUCTION.**—Such advice given as will tend to promote recovery or improvement. Value of food, open air, rest, and hygienic living. Proper disposal of sputum and use of cups and napkins, etc. Necessity for sleeping alone.

2. **NURSING CARE.**—Bed bath, alcohol rub, attention to bedsores, etc. Very little of this nursing care is required.

3. **MATERIAL RELIEF.**—In necessary cases patient is supplied sick diet (usually milk and eggs); cots, wheel-chairs, rubber rings and other requisites are lent by the association. Clothing, etc., furnished when necessary.

4. **AFTER RECOVERY.**—After patient has improved sufficiently to return to work he is regularly visited (at longer intervals) and advice given to him or his family which will tend to maintain improvement or ability to work. Patients grow very careless about themselves when in this state and much is done to prevent possible relapses in health as well as a return to careless habits.

FAMILY.

1. **INSTRUCTION.**—Family is instructed in proper care of patient, necessity for food, fresh air, etc. Instructions given in preparation of suitable food. If patient is bedridden, family is taught how to give bed baths, prevention of bedsores, etc.

2. **PREVENTION.**—Advice as to necessity of isolated dishes; care of patient's linen (bed linen and clothing). Necessity of destroying sputum and of patient having a room to himself, etc.

COMMUNITY AT LARGE.

1. **DISCOVERY OF CASES.**—Incipient cases discovered in households of old patients and sent to doctor or dispensary for diagnosis and treatment. Patients in later stages discovered by inquiry among friends and neighbors, and all such new cases visited and families safeguarded.

2. FUMIGATION.—After the death or removal of the consumptive patient the house is reported for fumigation to the city Health Department. In reporting such houses the amount of fumigation required is specified (whether whole house or only one or two rooms).

3. REGISTRATION OF CASES.—All cases given to the nurse after the physician's diagnosis are reported by her to the State Board of Health, which provides the association with all supplies (napkins, cups, etc.) which are needed for distribution among these patients.

SAVING OF WAGE-EARNERS.—A quarter of the number of cases under this supervision have been able to return to work, if not to their former employment, at least to some modified form of work. These cases are not physical but economic cures, who have been able to return to work after being under supervision or treatment from periods varying from several weeks to as many months. Sufficient time has not as yet elapsed to judge of the permanence of these cures, but from a wage-earner's standpoint they are satisfactory, and would probably not have occurred without the care and supervision of the nurse.

THE ORIGINS OF MEDICINE*

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THE study of origins is always interesting, but often not particularly flattering to our pride. Proud humanity has always hated to acknowledge its descent from the mudfish. Just as a too nice inspection of the pedigrees of our most illustrious colonial dames reveals that their Revolutionary ancestors were drummer boys or hostlers in Washington's army, so the following back of the pedigree of even our most impressive and illustrious institutions is apt to land us in the very humblest of antecedents. But there is nothing whatever to be ashamed of in these as long as they were doing their best in their time and place, and the chastening reflection will occur that our own descendants will probably be ashamed of us as we are of our humblest ancestors.

These considerations are peculiarly apropos with the study of the origins of that noble and illustrious science of which the nurse and the

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